## The Quality Care Health Plan (QCHP)

Plan Year and Lifetime Maximum  Employee's Annual Salary (based on each employee's annual salary as of April 1st)  \$6,0700 or less \$6,0701 · \$75,900 \$4,75 \$5,750 \$6,071 · \$75,900 \$4,75 \$1,187.50 \$75,901 and above \$525 \$1,137.50 \$2,75	Plan Year Maximums and Deductibles					
Employee's Annual Salary (based on each employee's annual salary as of April 1st)  80,700 or less \$0,701 or less \$0,700 or less \$0,701 - \$75,900 \$75,901 and above \$2525 \$1,312.50 \$89,750 sy37.50 \$99,7500 Pependents \$375 \$99,750 Pependents \$375 \$99,750 Pependents \$375 \$99,750 Pependents \$375 \$99,750 Pependents \$375 \$0,700 Pependents Peach emergency room visit \$450 QCHP hospital admission \$100 Non-QCHP hospital admission \$100 Non-QCHP hospital admission \$100 Non-QCHP hospital admission \$100 Pependents \$375 \$0,700 Pependents People the spital admission \$100 People the spital services  Out-of-Pocket Maximum Limits  In-Network Individual In-Network Family \$1,500 Pependents People the spital admission People the spital services  Out-of-Pocket Maximum Limits  Out-of-Network Individual Posthal Network Sino deductible per hospital admission. Sino deductible per						
\$47.5 \$1,187.50 \$75,901 and above \$525 \$1,312.50 \$5375 \$937.50 \$540 \$00 \$100 \$100 \$100 \$100 \$100 \$100 \$100	Employee's Annual Salary (based on each			Individual Plan	Family Plan Year	
Retiree/Annuitant/Survivor \$375 \$937.50 Dependents \$375 \$N/A  Additional Deductibles* \$3375 \$N/A  Additional Deductibles* \$450 \$OLPh hospital admission \$100 \$Non-QCHP hospital admission \$500   **Inese are in addition to the plan year deductible. \$000 \$Non-QCHP hospital admission \$500  **Out-of-Pocket Maximum Limits*  In-Network Individual \$1.00 \$Non-QCHP hospital admission \$500  **Hospital Services*  GCHP Hospital Network \$100 \$0.00 \$12,000 \$	\$60,700 or less			\$375	\$937.50	
Retiree/Annuitant/Survivor Dependents \$375 N/A Additional Deductibles* *These are in addition to the plan year deductible.  Out-of-Pocket Maximum Limits  In-Network Individual S1,500 S3,750 NO-QCHP hospital admission S500  Out-of-Pocket Maximum Limits  In-Network Individual S1,500 S3,750 Out-of-Network Individual S1,500 S4,6000 S12,000 S12,	·			\$475	\$1,187.50	
Dependents Additional Deductibles* * These are in addition to the plan year deductible.  Out-of-Pocket Maximum Limits  In-Network Individual \$1,500 \$3,750 \$0.00 \$100 \$100 \$12,000 \$12	, ,			\$525	· ·	
Additional Deductibles* * These are in addition to the plan year deductible.    Out-of-Pocket Maximum Limits	Retiree/Annuitant/Survivor			\$375	F	
*These are in addition to the plan year deductible.  Out-of-Pocket Maximum Limits  In-Network Individual \$10-Network Family \$1,500 \$10 \$12,000	Dependents			\$375	N/A	
In-Network Individual \$1,500 In-Network Family \$3,750 In-Network Individual \$6,000 Out-of-Network Individual \$1,500 Out-of-Network Individual \$6,000 Star,500 Out-of-Network Individual \$12,000 Out-of-Network Individual \$1,500 Out-of-Network Individual Single Individual Individual \$1,500 Out-of-Network Individual Individual \$1,500 Out-of-Network Individual Indivi				QCHP hospital admission \$100		
### Styling   ##	Out-of-Pocket Maximum Limits					
QCHP Hospital Network  Non-QCHP Hospitals  \$100 deductible per hospital admission. 85% after annual plan deductible.  Soudeductible per hospital admission. 60% of allowable charges after annual plan deductible.  Outpatient Services  Preventive Services, including immunizations  Diagnostic Lab/X-ray  Approved Durable Medical Equipment (DME) and Prosthetics  Licensed Ambulatory Surgical Treatment Centers  Professional and Other Services  Services included in the QCHP Network  Services not included in the QCHP Network  Chiropractic Services – medical necessity required (up to a maximum of 30 visits per plan year)  Organ and Tissue Transplants  85% after \$100 transplant deductible, limited to network transplant facilities as determined by the medical plan administrator. Benefits are not available unless approved by the Notification Administrator, Cigna. To assure coverage, the transplant candidate must contact Cigna prior to beginning evaluation services.  Prescription Drugs (administered by Express Scripts)  Plan Year Pharmacy Deductible  \$125  Generic Preferred Brand  \$30						
85% after annual plan deductible.  Non-QCHP Hospitals  Souldeductible per hospital admission. 60% of allowable charges after annual plan deductible.  Outpatient Services  Preventive Services, including immunizations  100% in-network, 60% of allowable charges out-of-network, after annual plan deductible.  Diagnostic Lab/X-ray  Approved Durable Medical Equipment (DME) and Prosthetics  Licensed Ambulatory Surgical Treatment Centers  Professional and Other Services  Services included in the QCHP Network  Services not included in the QCHP Network  Chiropractic Services – medical necessity required (up to a maximum of 30 visits per plan year)  Services  Organ and Tissue Transplants  Organ and Tissue Transplants  Prescription Drugs (administrator. Benefits are not available unless approved by the Notification Administrator, Cigna. To assure coverage, the transplant candidate must contact Cigna prior to beginning evaluation services.  Prescription Drugs (administered by Express Scripts)  Plan Year Pharmacy Deductible  S125  Copayments (30-day supply)  Swin-network, 60% of allowable charges out-of-network, after the annual plan deductible.  Style Transplant Services  Prescription Drugs (administered by Express Scripts)  Plan Year Pharmacy Deductible  S125  Copayments (30-day supply)  Generic Preferred Brand	Hospital Services					
Preventive Services, including immunizations  Diagnostic Lab/X-ray  Approved Durable Medical Equipment (DME) and Prosthetics  Licensed Ambulatory Surgical Treatment Centers  Professional and Other Services  Services included in the QCHP Network  Services not included in the QCHP Network  Chiropractic Services – medical necessity required (up to a maximum of 30 visits per plan year)  Organ and Tissue Transplants  Sew after \$100 transplant deductible, limited to network transplant facilities as determined by the medical plan administrator, Cigna. To assure coverage, the transplant candidate must contact Cigna prior to beginning evaluation services.  Plan Year Pharmacy Deductible  Copayments (30-day supply)  Oing in-network, 60% of allowable charges out-of-network, 60% of allowable charges out-of-network, after the annual plan deductible.  85% in-network, 60% of allowable charges after the annual plan deductible.  85% in-network, 60% of allowable charges out-of-network, after the annual plan deductible.  85% in-network, 60% of allowable charges out-of-network, after the annual plan deductible.  85% in-network, 60% of allowable charges after the annual plan deductible.  85% in-network, 60% of allowable charges after the annual plan deductible.  85% in-network, 60% of allowable charges out-of-network, after the annual plan deductible.  Transplant Services  Organ and Tissue  Prescription Drapping (administrator)  Prescription Drugs (administered by Express Scripts)  Plan Year Pharmacy Deductible  S125  Generic Preferred Brand  S30	QCHP Hospital Network					
Preventive Services, including immunizations  Diagnostic Lab/X-ray  Approved Durable Medical Equipment (DME) and Prosthetics  Licensed Ambulatory Surgical Treatment Centers  Professional and Other Services  Services included in the QCHP Network  Services not included in the QCHP Network  Chiropractic Services – medical necessity required (up to a maximum of 30 visits per plan year)  Organ and Tissue Transplants  Services after \$100 transplant deductible, limited to network transplant facilities as determined by the medical plan administrator. Benefits are not available unless approved by the Notification Administrator, Cigna. To assure coverage, the transplant candidate must contact Cigna prior to beginning evaluation services.  Prescription Drugs (administered by Express Scripts)  Plan Year Pharmacy Deductible  Copayments (30-day supply)  Generic \$10 Preferred Brand  \$5% of allowable charges out-of-network, 60% of allowable charges out-of-network, after the annual plan deductible.  85% in-network, 60% of allowable charges out-of-network, after the annual plan deductible.  B5% in-network, 60% of allowable charges out-of-network, after the annual plan deductible.  B5% in-network, 60% of allowable charges out-of-network after the annual plan deductible.  B5% in-network, 60% of allowable charges out-of-network after the annual plan deductible.  B5% in-network, 60% of allowable charges out-of-network after the annual plan deductible.  B5% in-network, 60% of allowable charges out-of-network after the annual plan deductible.  B5% in-network, 60% of allowable charges out-of-network after the annual plan deductible.  B5% in-network followable charges after the annual plan deductible.  B5% in-network followable charges after the annual plan deductible.  B5% in-network followable charges after the annual plan deductible.  B5% in-network followable charges after the annual plan deductible.  B5% in-network followable charges after the annual plan deductible.  B5% in-network followable charges after the annual plan deductib	Non-QCHP Hospitals					
Out-of-network, after annual plan deductible.  Diagnostic Lab/X-ray  Approved Durable Medical Equipment (DME) and Prosthetics  Licensed Ambulatory Surgical Treatment Centers  Professional and Other Services  Services included in the QCHP Network  Services not included in the QCHP Network  Chiropractic Services – medical necessity required (up to a maximum of 30 visits per plan year)  Organ and Tissue Transplants  85% after \$100 transplant deductible, limited to network transplant facilities as determined by the medical plan administrator. Benefits are not available unless approved by the Notification Administrator, Cigna. To assure coverage, the transplant candidate must contact Cigna prior to beginning evaluation services.  Prescription Drugs (administered by Express Scripts)  Plan Year Pharmacy Deductible  Copayments (30-day supply)  Generic \$10 Preferred Brand \$30	Outpatient Services					
Approved Durable Medical Equipment (DME) and Prosthetics  Licensed Ambulatory Surgical Treatment Centers  Professional and Other Services  Services included in the QCHP Network Services not included in the QCHP Network Chiropractic Services – medical necessity required (up to a maximum of 30 visits per plan year)  Services  Organ and Tissue Transplant Services  Organ and Tissue Transplant Services  85% after \$100 transplant deductible, limited to network transplant facilities as determined by the medical plan administrator. Benefits are not available unless approved by the Notification Administrator, Cigna. To assure coverage, the transplant candidate must contact Cigna prior to beginning evaluation services.  Prescription Drugs (administered by Express Scripts)  Plan Year Pharmacy Deductible  Copayments (30-day supply)  Generic \$10 Preferred Brand \$30						
Description Drugs (administered by Express Scripts)  Professional and Other Services  Out-of-network, after annual plan deductible.  Out-of-network, after annual plan deductible.  Out-of-network, after annual plan deductible.  85% after the annual plan deductible.  85% after the annual plan deductible.  60% of allowable charges after the annual plan deductible.  85% in-network, 60% of allowable charges out-of-network, after the annual plan deductible.  Transplant Services  Organ and Tissue Transplant  Or	Diagnostic Lab/X-ray					
Services included in the QCHP Network  Services not included in the QCHP Network  Chiropractic Services – medical necessity required (up to a maximum of 30 visits per plan year)  Services  Organ and Tissue Transplants  85% after \$100 transplant deductible, limited to network transplant facilities as determined by the medical plan administrator. Benefits are not available unless approved by the Notification Administrator, Cigna. To assure coverage, the transplant candidate must contact Cigna prior to beginning evaluation services.  Prescription Drugs (administered by Express Scripts)  Plan Year Pharmacy Deductible  Copayments (30-day supply)  Generic Preferred Brand  \$5% after the annual plan deductible.  85% in-network, 60% of allowable charges out-of-network, after the annual plan deductible.  Transplant Services  079 and Tissue Dransplant Services  85% after \$100 transplant deductible, limited to network transplant facilities as determined to the transplant facilities as determined by the medical plan administrator. Benefits are not available unless approved by the Notification Administrator, Cigna. To assure coverage, the transplant candidate must contact Cigna prior to beginning evaluation services.  Prescription Drugs (administered by Express Scripts)  Plan Year Pharmacy Deductible  \$125  Generic \$10  Preferred Brand						
Services included in the QCHP Network  Services not included in the QCHP Network  Chiropractic Services – medical necessity required (up to a maximum of 30 visits per plan year)  Organ and Tissue Transplants  S5% after \$100 transplant deductible, limited to network transplant facilities as determined by the medical plan administrator. Benefits are not available unless approved by the Notification Administrator, Cigna. To assure coverage, the transplant candidate must contact Cigna prior to beginning evaluation services.  Prescription Drugs (administered by Express Scripts)  Plan Year Pharmacy Deductible Copayments (30-day supply)  S5% after the annual plan deductible.  85% in-network, 60% of allowable charges out-of-network, after the annual plan deductible.  85% in-network, 60% of allowable charges out-of-network, after the annual plan deductible.  B5% after the annual plan deductible.  85% in-network, 60% of allowable charges out-of-network, after the annual plan deductible.  B5% in-network, 60% of allowable charges out-of-network, after the annual plan deductible.  B5% in-network, 60% of allowable charges out-of-network, after the annual plan deductible.  B5% after the annual plan deductible.  B5% after \$100 transplant Services  Drescription transplant deductible, limited to network transplant facilities as determined by the medical plan administrator. Benefits are not available unless approved by the Notification Administrator, Cigna. To assure coverage, the transplant candidate must contact Cigna prior to beginning evaluation services.  Prescription Drugs (administered by Express Scripts)  Plan Year Pharmacy Deductible  S125  Generic  \$10  Preferred Brand  \$30	Licensed Ambulatory Surgical Treatment Centers					
Services not included in the QCHP Network  Chiropractic Services – medical necessity required (up to a maximum of 30 visits per plan year)  Services  Organ and Tissue Transplants  85% after \$100 transplant deductible, limited to network transplant facilities as determined by the medical plan administrator. Benefits are not available unless approved by the Notification Administrator, Cigna. To assure coverage, the transplant candidate must contact Cigna prior to beginning evaluation services.  Prescription Drugs (administered by Express Scripts)  Plan Year Pharmacy Deductible  \$125  Copayments (30-day supply)  Generic  Preferred Brand  \$30	Professional and Other Services					
Chiropractic Services – medical necessity required (up to a maximum of 30 visits per plan year)  85% in-network, 60% of allowable charges out-of-network, after the annual plan deductible.  Transplant Services  Organ and Tissue Transplants  85% after \$100 transplant deductible, limited to network transplant facilities as determined by the medical plan administrator. Benefits are not available unless approved by the Notification Administrator, Cigna. To assure coverage, the transplant candidate must contact Cigna prior to beginning evaluation services.  Prescription Drugs (administered by Express Scripts)  Plan Year Pharmacy Deductible  \$125  Copayments (30-day supply)  Generic  Preferred Brand  \$30	Services included in the QCHP Network			85% after the annual plan deductible.		
(up to a maximum of 30 visits per plan year)  Transplant Services  Organ and Tissue Transplants  85% after \$100 transplant deductible, limited to network transplant facilities as determined by the medical plan administrator. Benefits are not available unless approved by the Notification Administrator, Cigna. To assure coverage, the transplant candidate must contact Cigna prior to beginning evaluation services.  Prescription Drugs (administered by Express Scripts)  Plan Year Pharmacy Deductible  \$125  Copayments (30-day supply)  Generic  Preferred Brand  \$30	Services not included in the QCHP Network			60% of allowable charges after the annual plan deductible.		
Organ and Tissue Transplants  85% after \$100 transplant deductible, limited to network transplant facilities as determined by the medical plan administrator. Benefits are not available unless approved by the Notification Administrator, Cigna. To assure coverage, the transplant candidate must contact Cigna prior to beginning evaluation services.  Prescription Drugs (administered by Express Scripts)  Plan Year Pharmacy Deductible  \$125  Copayments (30-day supply)  Generic Preferred Brand  \$30						
Transplants by the medical plan administrator. Benefits are not available unless approved by the Notification Administrator, Cigna. To assure coverage, the transplant candidate must contact Cigna prior to beginning evaluation services.  Prescription Drugs (administered by Express Scripts)  Plan Year Pharmacy Deductible \$125  Copayments (30-day supply) Generic \$10  Preferred Brand \$30	Transplant Services					
Plan Year Pharmacy Deductible  Copayments (30-day supply)  Generic \$10  Preferred Brand \$30		by the medical plan administrator. Benefits are not available unless approved by the Notification Administrator, Cigna. To assure coverage, the transplant candidate must				
Copayments (30-day supply)  Generic \$10  Preferred Brand \$30	Prescription Drugs (administered by Express Scripts)					
Preferred Brand \$30	Plan Year Pharmacy Deductible \$125					
Preferred Brand \$30	Copayments (30-d	lay supply)	Generic \$10			
Nonpreferred Brand \$60			Preferred Brand	d \$30		
			Nonpreferred E	Brand \$60		